

Maricopa Integrated Health System

INTRODUCTION

Maricopa Integrated Health System (MIHS) is pleased to provide the Maricopa Integrated Health System Health Plans (MIHS-HP) Comprehensive Drug Formulary. **This is a closed formulary and only the drugs listed in this formulary are covered by MIHS-HP.**

The drugs selected for the MIHS-HP Formulary have been reviewed and approved by the MIHS-HP Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically appropriate and cost-effective for patients who have their drug benefit administered through MIHS-HP. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

PREFACE

The MIHS-HP Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. If a drug is available generically, the generic equivalent must be dispensed unless otherwise indicated. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are covered.

Selected over-the-counter (OTC) products are covered for certain plans. Even though the medications are OTC, a written prescription is required. Please consult your plan benefits for specific information regarding coverage.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MIHS-HP Pharmacy and Therapeutics (P & T) Committee reviews all medications on the formulary. The Committee is comprised of practicing physicians, clinical pharmacists, nurses and others with expertise in formulary management. The P & T Committee is chaired by the MIHS-HP Medical Director. The P & T Committee meets quarterly, and actions taken are communicated periodically to providers, physicians and contracted pharmacies.

PRODUCT SELECTION CRITERIA

The MIHS-HP P&T Committee considers new-to-market drugs for inclusion to the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/warnings/precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies
- Cost

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

All the information in the MIHS-HP Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

FORMULARY PRODUCT DESCRIPTIONS

To assist you in understanding which specific strengths and dosage forms are covered, examples are noted below. The principles shown in the examples can then be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered. *The brand names shown are for reference only; a different brand or a generic version may be dispensed.*

- **Products covered include all strengths associated with the dosage form of the cited brand name product.**

amitriptyline *Elavil*

Because Elavil is a tablet, all strengths of tablets: 10, 25, 50, 75, 100, and 150 mg are covered.

- **Modified-release or combination products covered are defined by the cited brand name product.**

guaifenesin/pseudoephedrine ext-rel *Zephrex LA*

Only the Zephrex LA formulation and generic versions are covered, not different strengths or dosage forms of the same ingredients.

- **Extended-release and delayed-release products require their own entry.**

prochlorperazine *Compazine*

The long-acting product Compazine Spansule is not covered based upon the Compazine entry.

glipizide ext-rel *Glucotrol XL*

This entry confirms that the extended-release product is covered.

- **Dosage forms covered will be consistent with the category and use where listed.**

gentamicin *Garamycin*

As listed in the OPTHALMIC section, limited to the ophthalmic solution and ointment only. From this entry the topical cream and ointment cannot be assumed to be covered. There must be a gentamicin entry in the DERMATOLOGY section for the topical cream and ointment to be covered.

- **Oral liquids are restricted to pediatric patients ≤ 12 years of age unless the liquid formulation is the only dosage form available for a given drug. Suppositories are covered when they are used as an alternative to the tablet/capsule.**

- **When a strength or dosage form is specified, only the product identified is covered. Other strengths/dosage forms of the reference product are not covered.**

amantadine, except tabs *Amantadine*

The capsules are covered. Tablets under the brand name Symmetrel are not covered.

metronidazole tabs *Flagyl*

Only tablets are covered, not the capsules.

USE OF MIHS PHARMACIES

All prescriptions written by a provider at a MIHS facility may be filled at MIHS pharmacies.

COST INDEX

Drugs on the formulary are rank listed based upon cost. Cost of brand name drugs (unbolded in list) is based upon average wholesale price (AWP) or net cost. Net cost is determined when a manufacturer's discount agreement is in place, existing utilization is known, and market share information (if applicable) is available. Generally, the basis of comparison for maintenance drugs is the monthly cost of therapy at comparable dosages within each list. Other bases of comparison may be used when more appropriate. For example, in the Bronchitis drug list, cost is compared for a course of therapy, rather than per month.

When a given product is **bolded** there is **generic availability** and the cost is usually based upon the cost of the generic and not the brand reference product. The generic cost is based upon the price shown on the AdvancePCS Maximum Allowable Cost (MAC) list if the generic appears on that list. Otherwise, the cost is based upon the mean average wholesale price (AWP) of generic labelers. However, for some bolded entries, cost is based upon the branded product and the entry is identified by a dagger (†).

Drugs are assigned dollar signs (\$) by comparing all the drugs within an entire formulary section. For example, Cardiovascular Agents will have prices compared across all classes; ACE inhibitors are assigned dollar signs in the same grouping as calcium channel blockers, beta blockers, alpha blockers, etc. The drugs are rank ordered from least to most expensive. To differentiate the cost of one product from another within a formulary section, a specific number of \$ from one to ten is assigned to each drug entry. If products within a drug list have the same number of \$, the least expensive product is listed first.

The cost comparisons included in the formulary reflect only the cost of drug therapy. When total costs including treatment costs, societal costs, absenteeism, etc., associated with a disease state are considered rather than simply drug costs, the cost of different therapies may vary from their absolute drug costs. For example, a more expensive drug may result in a lower cost for disease management by decreasing relapses or reducing absenteeism more than a less expensive alternative. Professional judgment remains critical in balancing the best clinical outcomes with control of overall health care costs.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand name product. Products designated in the formulary drug lists by **boldface** type have **generic availability**.

The AdvancePCS MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

In addition to the "A" rated products, there are some "unrated" products on the AdvancePCS MAC list. Unrated products are generally pre-1938 drugs that did not undergo the FDA review and approval process. Also, many cough and cold products and multivitamin products do not require FDA review. These products are carefully evaluated by the AdvancePCS MAC Steering Committee and added to the MAC list where appropriate.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product, irrespective of rating.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that products from different labelers are not bioequivalent.

Generic substitution is not recommended by MIHS-HP for the following agents, and the brand name will be covered:

Digoxin	Lanoxin	Levothyroxine	Synthroid
Phenytoin	Dilantin	Warfarin	Coumadin
Carbamazepine	Tegretol		

MEDICAL EXCEPTION

Nonformulary medications may be requested through the MIHS-HP prior authorization process via fax number (602) 344-8858. Assistance regarding the MIHS-HP prior authorization process can be obtained through Pharmacy Prior Authorization at (602) 344-8825.

Nonformulary medications will be considered for formulary inclusion when requested by an MIHS-HP provider. The Pharmacy Prior Authorization Department should be contacted at (602) 344-8825 for the appropriate form(s) and instructions for formulary addition requests.

STEP THERAPY

Step Therapy requires the use of one or more prerequisite drugs that meet specific conditions prior to the use of another drug. Requests for exceptions to these policies may be made through the MIHS-HP medical exception process, as described above.

The following drugs are subject to Step Therapy. Conditions that must be met prior to the use of the drug are also listed.

Actos - Trial of insulin or 2 oral diabetic agents for 30 days
Adalat CC - Trial of a diuretic, beta-blocker or ACE inhibitor for 30 days
Avandia - Trial of insulin or 2 oral diabetic agents for 30 days
Cozaar - Trial of an ACE inhibitor for 30 days
Duragesic (for MLTC only) - Trial of MS Contin 60mg three times a day for 30 days
Norvasc - Trial of a diuretic, beta-blocker or ACE inhibitor for 30 days
Proscar - Trial of an alpha blocker for 30 days
Singulair - Trial of an inhaled beta agonist and inhaled corticosteroid for 30 days

LEGEND

OTC	over-the-counter
†	cost index reflects the brand name product; generic is available
boldface	indicates generic availability
ext-rel	extended-release (also known as sustained-release)
delayed-rel	delayed-release (also known as enteric-coated)
MDL	managed drug limitations
R	restricted to indicated providers/patients
ST	step therapy

EDITOR

Your comments and suggestions regarding the MIHS-HP Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Pharmacy Prior Authorization
Maricopa Integrated Health System
2502 East University Drive
Phoenix, AZ 85034-6926

NOTICE

The information contained in the MIHS-HP Formulary and its appendices is provided by MIHS-HP and AdvancePCS, solely for the convenience of medical providers. MIHS-HP and AdvancePCS do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The MIHS-HP Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in their choice of prescription drugs. MIHS-HP or AdvancePCS assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with MIHS-HP or AdvancePCS. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between MIHS-HP or AdvancePCS and such third-party pharmaceutical companies.

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

All antineoplastics are non-formulary and are restricted to use by the oncologist attending physicians.

	azathioprine	\$\$\$\$	IMURAN
	cyclosporine	\$\$\$\$ \$\$\$\$	NEORAL

BLOOD MODIFIERS

ANTICOAGULANTS

	warfarin	\$\$\$	COUMADIN
MDL	enoxaparin	\$\$\$\$\$ \$\$\$\$	LOVENOX

MDL: Limited to a 7-day supply.

PLATELET AGGREGATION INHIBITORS

	aspirin	OTC	ASPIRIN
	aspirin delayed-rel	OTC	ECOTRIN
	dipyridamole	\$\$\$\$	PERSANTINE
R	clopidogrel	\$\$\$\$ \$\$\$\$	PLAVIX

R: Restricted to use by Cardiologists and Neurologists.

CARDIOVASCULAR AGENTS

ACE INHIBITORS

captopril	\$	CAPOTEN
trandolapril	\$\$\$	MAVIK
lisinopril	\$\$\$\$	ZESTRIL
fosinopril	\$\$\$\$	MONOPRIL

ALPHA BLOCKERS

doxazosin	\$	CARDURA
prazosin	\$	MINIPRESS
terazosin	\$ \$\$\$\$	HYTRIN

ANGIOTENSIN II RECEPTOR BLOCKERS

ST	losartan	\$\$\$\$\$	COZAAR
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ST: Trial of ACE inhibitor required for 30 days.

ANTIARRHYTHMICS AND CARDIAC GLYCOSIDES

digoxin	\$	LANOXIN
quinidine sulfate	\$\$\$	QUINIDINE SULFATE
mexiletine	\$\$\$\$	MEXITIL
quinidine gluconate ext-rel	\$ \$\$\$\$\$	QUINAGLUTE
amiodarone	\$\$\$ \$\$\$\$\$	CORDARONE
propafenone	\$\$\$ \$\$\$\$\$	RYTHMOL
procainamide ext-rel (6 hr)	\$\$\$ \$\$\$\$\$	PROCAINAMIDE EXT-REL
sotalol	\$\$\$\$ \$\$\$\$\$	BETAPACE
flecainide	\$\$\$\$ \$\$\$\$\$	TAMBOCOR

BETA BLOCKERS

Cardioselective

atenolol	\$	TENORMIN
metoprolol	\$	LOPRESSOR

Noncardioselective

propranolol	\$\$	INDERAL
propranolol ext-rel	\$\$	INDERAL LA
nadolol	\$\$	CORGARD

BETA AND ALPHA BLOCKERS

labetalol	\$\$\$\$	NORMODYNE
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CALCIUM CHANNEL BLOCKERS

Dihydropyridines

ST	nifedipine ext-rel	\$\$\$\$	ADALAT CC
ST	amlodipine	\$\$\$\$\$	NORVASC

ST: Trial of a beta-blocker, ACE inhibitor, or diuretic required for 30 days.

Nondihydropyridines

verapamil	\$	CALAN
verapamil ext-rel	\$	CALAN SR
diltiazem	\$	CARDIZEM
diltiazem ext-rel	\$\$\$ \$\$\$\$\$	CARDIZEM SR
diltiazem ext-rel	\$\$\$ \$\$\$\$\$	TIAZAC

DIURETICS

hydrochlorothiazide	\$	HYDRODIURIL
chlorthalidone	\$	HYGROTON
triamterene/hydrochlorothiazide 75/50	\$	MAXZIDE
furosemide	\$	LASIX
triamterene/hydrochlorothiazide 50/25 caps	\$	TRIAMTERENE/HCTZ
indapamide	\$	LOZOL
triamterene/hydrochlorothiazide 37.5/25 tabs	\$	MAXZIDE-25
bumetanide	\$	BUMEX
triamterene/hydrochlorothiazide 37.5/25 caps	\$	DYAZIDE
chlorothiazide	\$\$	DIURIL
spironolactone	\$\$\$	ALDACTONE
spironolactone/hydrochlorothiazide	\$\$\$	ALDACTAZIDE
metolazone	\$\$\$\$	ZAROXOLYN

LIPID LOWERING AGENTS

niacin	OTC	NIACIN
gemfibrozil	\$\$\$	LOPID
fluvastatin (based on 40 mg)	\$ \$\$\$\$\$	LESCOL
cholestyramine cans	\$ \$\$\$\$\$	QUESTRAN/QUESTRAN-LIGHT
atorvastatin	\$ \$ \$\$\$\$\$	LIPITOR
pravastatin	\$ \$ \$ \$ \$ \$ \$	PRAVACHOL

NITRATES

isosorbide dinitrate oral	\$	ISORDIL
nitroglycerin sublingual	\$\$	NITROSTAT
isosorbide dinitrate ext-rel tabs	\$\$	ISOSORBIDE DINITRATE EXT-REL
nitroglycerin ext-rel caps	\$\$	NITROGLYCERIN EXT-REL
nitroglycerin ointment	\$\$	NITROL
isosorbide mononitrate ext-rel	\$\$\$	IMDUR
† nitroglycerin transdermal	\$ \$ \$ \$ \$ \$	NITREK
nitroglycerin transdermal	\$ \$ \$ \$ \$ \$	TRANSDERM-NITRO
† nitroglycerin transdermal	\$ \$ \$ \$ \$ \$	NITRO-DUR

† Cost index reflects the brand name product; generic is available.

MISCELLANEOUS

hydralazine	\$	HYDRALAZINE
clonidine tabs	\$	CATAPRES
reserpine	\$	RESERPINE
methyldopa	\$\$	ALDOMET
minoxidil	\$\$\$	LONITEN

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DISEASE

R	donepezil	\$ \$\$\$\$	ARICEPT
R	rivastigmine	\$ \$\$\$\$	EXELON

R: Restricted to age >65

ANALGESICS

NSAIDS

	ibuprofen	\$	MOTRIN
	naproxen	\$	NAPROSYN
	naproxen sodium	\$\$\$	ANAPROX
R	rofecoxib	\$\$\$ \$\$\$\$	VIOXX

R: Restricted to age ≥60 or concurrent use of PPI, H2 antagonist, or Coumadin

OPIOIDS

	codeine/aspirin	\$	CODEINE WITH ASPIRIN
	oxycodone/acetaminophen 5/325 only	\$	PERCOCET
	hydrocodone/acetaminophen tabs 5/500	\$	LORTAB 5/500
	codeine/acetaminophen	\$\$	TYLENOL WITH CODEINE
	oxycodone/aspirin 4.88/325 tab	\$\$	PERCODAN
	hydrocodone/acetaminophen 10/500	\$\$	LORTAB 10/500
	propoxyphene nap/acetaminophen	\$\$	DARVOCET-N
	propoxyphene hcl	\$\$\$	DARVON
	oxycodone/acetaminophen 5/325 solution	\$\$\$	ROXICET
	methadone	\$\$\$	METHADONE
	hydrocodone/acetaminophen 25/167 elixir	\$\$\$\$	LORTAB
	oxycodone	\$ \$\$\$\$	ROXICODONE
	codeine/acetaminophen elixir, suspension	\$ \$\$\$\$	CAPITAL WITH CODEINE
†	morphine	\$\$\$ \$\$\$\$	MSIR
†	morphine ext-rel	\$\$\$ \$\$\$\$	MS CONTIN
	codeine sulfate tab	\$\$\$ \$\$\$\$	CODEINE SULFATE
ST R	fentanyl transdermal	\$\$\$ \$\$\$\$	DURAGESIC
	morphine, rectal	\$\$\$\$ \$\$\$\$	RMS SUPPOSITORIES
	codeine phosphate solution	\$\$\$\$ \$\$\$\$	CODEINE PHOSPHATE

† Cost index reflects the brand name product; generic is available.

R: Restricted to use by Pain Specialists for all plans except MLTC.

ST: For MLTC, trial of MS Contin 60mg three times a day for 30 days is required.

MISCELLANEOUS

	acetaminophen	OTC	TYLENOL
	acetaminophen/butalbital/caffeine	\$\$\$	FIORICET
	aspirin/butalbital/caffeine	\$\$\$\$	FIORINAL

MIGRAINE

ABORTIVE THERAPY

	ibuprofen	\$	MOTRIN
	acetaminophen/dichloralphenazone/ isometheptene	\$	MIDRIN
	naproxen sodium	\$	ANAPROX
	ergotamine /caffeine tabs	\$\$	CAFERGOT
	ergotamine/caffeine suppositories	\$\$	CAFERGOT
MDL R	rizatriptan	\$\$\$\$	MAXALT
MDL R	sumatriptan	\$\$\$\$ \$\$\$\$\$	IMITREX

R: Restricted to use by Neurologists

MDL: Imitrex limitations are as follows:

Tablets: 25mg - 27 per 30 days, 50mg - 18 per 30 days, 100mg - 9 per 30 days

Nasal spray: 20mg - 6 units per 30 days, 5mg - 12 units per 30 days

Vial: 4 vials (4 injections) per 30 days

Kits: 2 kits (4 injections) per 30 days

MDL: Maxalt/Maxalt-MLT, limited to 6 tablets per 30 days

PROPHYLACTIC THERAPY

	amitriptyline	\$	ELAVIL
	propranolol	\$	INDERAL
	verapamil	\$	CALAN
	nortriptyline	\$	PAMELOR
	propranolol ext-rel	\$\$\$\$	INDERAL LA
	divalproex sodium delayed-rel	\$\$\$\$	DEPAKOTE
	divalproex sodium ext-rel	\$ \$\$\$\$\$	DEPAKOTE ER

MYASTHENIA GRAVIS

	pyridostigmine	\$ \$\$\$\$\$	MESTINON
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PARKINSON'S DISEASE

	diphenhydramine	\$	DIPHENHYDRAMINE
	benztropine	\$	COGENTIN
	amantadine, except tabs	\$\$	AMANTADINE
	trihexyphenidyl	\$\$	ARTANE
	selegiline tabs	\$\$\$	SELEGILINE
	carbidopa/levodopa	\$\$\$\$	SINEMET
R	pramipexole	\$ \$ \$\$\$\$\$	MIRAPEX
	carbidopa/levodopa ext-rel	\$\$\$\$ \$\$\$\$\$	SINEMET CR
	bromocriptine	\$\$\$\$ \$\$\$\$\$	PARLODEL
	pergolide	\$\$\$\$ \$\$\$\$\$	PERMAX

R: Restricted to use by Neurologists

SEIZURES

	phenobarbital	\$	PHENOBARBITAL
	clonazepam	\$	KLONOPIN
	carbamazepine	\$\$	TEGRETOL
†	phenytoin sodium extended	\$\$	DILANTIN
	phenytoin	\$\$\$	DILANTIN INFATABS
	primidone	\$\$\$\$	MYSOLINE
	valproic acid	\$\$\$\$	DEPAKENE
	carbamazepine ext-rel	\$\$\$\$	TEGRETOL XR
R	gabapentin	\$ \$ \$\$\$\$\$	NEURONTIN
	divalproex sodium delayed-rel	\$\$\$ \$\$\$\$\$	DEPAKOTE
R	lamotrigine	\$\$\$ \$\$\$\$\$	LAMICTAL

† Cost index reflects the brand name product; generic is available.

R: Lamictal is restricted to use by Neurologists.

Neurontin is restricted to use by Neurologists and Pain Specialists.

DERMATOLOGY

ACNE

ACNE ROSACEA

metronidazole crm	\$\$\$\$ NORITATE
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ACNE VULGARIS

ORAL

	tetracycline	\$ SUMYCIN
	doxycycline hyclate	\$\$\$ VIBRAMYCIN
R	minocycline, except 75 mg	\$\$\$ \$\$\$\$ MINOCIN

R: Restricted to Health Select patients \leq 21 years old.

TOPICAL

	erythromycin soln	\$ T-STAT
	erythromycin swabs	\$ T-STAT
R	clindamycin soln	\$ CLEOCIN T
R	erythromycin gel 2%	\$\$\$\$ EMGEL

R: Restricted to Health Select patients \leq 21 years old.

BACTERIAL INFECTIONS

	bacitracin	OTC BACITRACIN
	neomycin/polymyxin B/bacitracin	OTC NEOSPORIN
	silver sulfadiazine	\$ SILVADENE
	metronidazole gel	\$ \$\$\$\$ METROGEL

CORTICOSTEROIDS

LOW

	fluocinolone acetonide crm/soln 0.01%	\$ SYNALAR
	hydrocortisone crm 2.5%	\$ HYTONE

MEDIUM

	triamcinolone acetonide crm/oint/lotion 0.025%	\$ KENALOG
	triamcinolone acetonide crm/oint/lotion 0.1%	\$ KENALOG
	betamethasone valerate crm/oint/lotion 0.1%	\$ BETA-VAL
	fluocinolone acetonide crm/oint 0.025%	\$ SYNALAR
	desoximetasone cream 0.05%	\$\$\$ TOPICORT
	hydrocortisone valerate crm/oint 0.2%	\$\$\$ WESTCORT

HIGH

	fluocinonide crm/oint/gel 0.05%	\$ LIDEX
	triamcinolone acetonide crm 0.5%	\$ KENALOG
	betamethasone dipropionate crm/oint/lotion 0.05%	\$ DIPROSONE
	desoximetasone crm/oint 0.25%	\$\$\$ TOPICORT
	desoximetasone gel 0.05%	\$\$\$ TOPICORT

VERY HIGH

clobetasol propionate crm/oint/gel/lotion 0.05%	\$\$\$ TEMOVATE
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FUNGAL INFECTIONS

clotrimazole	OTC LOTRIMIN AF
tolnaftate cream/soln	OTC TINACTIN
nystatin	\$ MYCOSTATIN
nystatin/triamcinolone	\$\$ MYCOLOG-II
clotrimazole	\$\$\$ LOTRIMIN

PSORIASIS

coal tar shampoo	OTC ZETAR
methotrexate, 2.5 mg only	\$\$ \$\$\$\$ METHOTREXATE

SCABIES AND PEDICULOSIS

permethrin 1%	OTC NIX
piperonyl butoxide/pyrethrins	OTC RID
permethrin 5%	\$\$\$\$ ELIMITE

MISCELLANEOUS

cetaphil lotion cleanser	OTC CETAPHIL
diphenhydramine cream	OTC BENADRYL
salicylic acid plaster 40%	OTC MEDIPLAST
hydrocortisone acetate supp	\$ ANUSOL HC
selenium sulfide shampoo 2.5%	\$\$ SELSUN
hydrocortisone cream	\$\$ PROCTOCREAM-HC 2.5%
lidocaine oint 5%	\$\$\$ XYLOCAINE

EAR, NOSE, AND THROAT

EAR

carbamide peroxide 6.5%	OTC DEBROX
benzocaine/antipyrine	\$ AURALGAN OTIC
acetic acid	\$\$ VOSOL OTIC
acetic acid/hydrocortisone	\$\$\$ VOSOL HC OTIC
neomycin/polymyxin B/hydrocortisone	\$\$\$ CORTISPORIN OTIC
trolamine polypeptide oleate	\$\$\$\$ CERUMENEX

NOSE

STEROIDS

triamcinolone acetonide inhaler	\$\$ \$\$\$\$\$\$ NASACORT
budesonide inhaler	\$\$ \$\$\$\$\$\$ RHINOCORT
fluticasone spray	\$\$\$ \$\$\$\$\$\$ FLONASE
triamcinolone acetonide spray	\$\$\$ \$\$\$\$\$\$ NASACORT AQ
budesonide spray	\$\$\$ \$\$\$\$\$\$ RHINOCORT AQUA

OTHERS

cromolyn sodium spray	OTC NASALCROM
phenylephrine soln	OTC NEO-SYNEPHRINE

THROAT AND MOUTH

saliva substitute soln	OTC	SALIVA SUBSTITUTE
saliva substitute spray	OTC	SALIVART
lidocaine viscous	\$	XYLOCAINE
triamcinolone paste	\$	KENALOG IN ORABASE
nystatin troche, susp	\$\$	MYCOSTATIN

ENDOCRINOLOGY

ADRENAL CORTICOSTEROIDS

prednisone	\$	DELTASONE
dexamethasone	\$	DECADRON
prednisolone syrup	\$	PRELONE
fludrocortisone	\$\$	FLORINEF
hydrocortisone	\$\$	CORTEF
methylprednisolone	\$\$\$	MEDROL

DIABETES MELLITUS

ORAL AGENTS

glipizide	\$	GLUCOTROL
glyburide	\$	DIABETA
glyburide	\$	MICRONASE
glyburide micronized	\$\$	GLYNASE
metformin	\$\$\$\$\$	GLUCOPHAGE
glipizide ext-rel	\$ \$\$\$\$\$	GLUCOTROL XL
acarbose	\$\$ \$\$\$\$\$	PRECOSE
MDL ST rosiglitazone	\$\$\$ \$\$\$\$\$	AVANDIA
MDL ST pioglitazone	\$\$\$ \$\$\$\$\$	ACTOS

MDL: Actos is limited to 30 tablets per 30 days. Avandia is limited to 60 tablets per 30 days.

ST: Trial of insulin or 2 oral diabetic agents required for 30 days.

INSULINS

extended insulin zinc human	OTC	HUMULIN U
insulin human	OTC	HUMULIN R
insulin human	OTC	NOVOLIN R
insulin zinc human	OTC	HUMULIN L
insulin zinc human	OTC	NOVOLIN L
insulin isophane human (NPH)	OTC	HUMULIN N
insulin isophane human (NPH)	OTC	NOVOLIN N
insulin isophane human 50%/regular 50%	OTC	HUMULIN 50/50
insulin isophane human 70%/regular 30%	OTC	NOVOLIN 70/30
insulin isophane human 70%/regular30%	OTC	HUMULIN 70/30
insulin aspart	\$ \$\$\$\$\$	NOVOLOG
insulin glargine	\$\$ \$\$\$\$\$	LANTUS
insulin lispro protamine 75%/insulin lispro 25%	\$\$ \$\$\$\$\$	HUMALOG MIX 75/25
insulin lispro	\$\$ \$\$\$\$\$	HUMALOG
insulin aspart protamine 70%/insulin aspart 30%	\$\$\$ \$\$\$\$\$	NOVOLOG MIX 70/30

GLUCOSE ELEVATING AGENTS

MDL glucagon, human recomb.	\$\$\$ \$\$\$\$\$	GLUCAGON
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MDL: Limited to one unit per 30 days.

OSTEOPOROSIS

MDL	risedronate 35 mg only	\$\$ \$\$\$\$\$\$	ACTONEL
MDL	alendronate 35mg & 70mg only	\$\$ \$\$\$\$\$\$	FOSAMAX

MDL: Limited to 4 tablets per 30 days.

PAGET'S DISEASE

	risedronate 30mg only	\$\$ \$\$\$\$\$\$	ACTONEL
	alendronate 40mg only	\$\$ \$\$\$\$\$\$	FOSAMAX

THYROID MODIFIERS

†	levothyroxine	\$	LEVOXYL
	propylthiouracil	\$	PROPYLTHIOURACIL
†	levothyroxine	\$	SYNTHROID
	methimazole	\$\$\$ \$\$\$\$\$\$	TAPAZOLE

† Cost index reflects the brand name product; generic is available.

MISCELLANEOUS

	sodium polystyrene sulfonate	\$\$\$ \$\$\$\$\$\$	KAYEXALATE
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INTRAVENOUS SOLUTIONS

	D10W solution	D10 W
	D5 1/2 NS solution	D5 1/2 NS
	D5 1/4 NS solution	D5 1/4 NS
	D50 W solution	D50 W
	D5LR solution	D5LR
	D5NS solution	D5 NS
	D5W solution	D5W
	Lactated Ringers solution	LACATED RINGERS
	NS solution	NS

GASTROINTESTINAL

DIARRHEA

	attapulgit	OTC	KAOPECTATE
	bismuth subsalicylate	OTC	PEPTO-BISMOL
	loperamide	OTC	IMODIUM A-D
	loperamide	\$	LOPERAMIDE
	diphenoxylate/atropine	\$	LOMOTIL

EMESIS

	meclizine	\$	ANTIVERT
	metoclopramide	\$	REGLAN
	promethazine	\$	PHENERGAN
	trimethobenzamide	\$	TIGAN
	prochlorperazine	\$\$	COMPazine

INFLAMMATORY BOWEL DISEASE

	sulfasalazine	\$\$\$	AZULFIDINE
	sulfasalazine tabs enteric coated	\$\$\$\$\$	AZULFIDINE EN-TABS
	mesalamine tabs delayed-rel	\$ \$\$\$\$\$\$	ASACOL
	mesalamine suppositories	\$\$\$ \$\$\$\$\$\$	CANASA
	mesalamine ext-rel	\$\$\$ \$\$\$\$\$\$	PENTASA
	hydrocortisone acetate foam	\$\$\$ \$\$\$\$\$\$	CORTIFOAM
	hydrocortisone enema	\$\$\$ \$\$\$\$\$\$	COLOCORT
	mesalamine rectal susp	\$\$\$ \$\$\$\$\$\$	ROWASA

PANCREATIC ENZYMES

†	pancrelipase	\$ \$\$\$\$	VIOKASE
	pancrelipase delayed-rel	\$ \$ \$\$\$\$	PANCREASE MT
	pancrelipase delayed-rel	\$ \$ \$ \$ \$ \$	CREON
	pancrelipase delayed-rel	\$ \$ \$ \$ \$ \$	ULTRASE

† Cost index reflects the brand name product; generic is available.

SPASM

	atropine/hyoscyamine/scopolamine/phenobarbital elixir, tabs	\$	DONNATAL
	hyoscyamine sulfate	\$ \$	LEVSIN
	dicyclomine	\$ \$ \$	BENTYL
	hyoscyamine sulfate ext-rel caps	\$ \$ \$ \$	LEVSINEX
	hyoscyamine sulfate ext-rel tabs	\$ \$ \$ \$	LEVBID

REFLEX (GERD)/ULCERS

	ranitidine tabs	\$ \$	ZANTAC
	cimetidine	\$ \$ \$	TAGAMET
	metoclopramide	\$ \$ \$	REGLAN
	sucralfate	\$ \$ \$ \$ \$	CARAFATE
	pantoprazole delayed-rel 40mg only	\$ \$ \$ \$ \$ \$	PROTONIX
*	lansoprazole delayed-rel	\$ \$ \$ \$ \$ \$	PREVACID
	lansoprazole + amoxicillin + clarithromycin	\$ \$ \$ \$ \$ \$ \$ \$	PREVPAC

*Available without PA only at MIHS internal pharmacies.

LAXATIVES AND STOOL SOFTENERS

	bisacodyl tab, supp	OTC	DULCOLAX
	docusate sodium caps, enema, syrup	OTC	COLACE
	glycerin suppositories	OTC	GLYCERIN
	magnesium citrate solution	OTC	CITRATE OF MAGNESIA
	magnesium hydroxide suspension	OTC	MILK OF MAGNESIA
	mineral oil	OTC	MINERAL OIL
	psyllium powder	OTC	METAMUCIL
	senna tabs	OTC	SENOKOT
	sorbitol 70% solution	OTC	SORBITOL

MISCELLANEOUS

	calcium carbonate susp	OTC	CALCIUM CARBONATE
	calcium carbonate tab	OTC	TUMS
	magnesium hydroxide/aluminum hydroxide susp	OTC	MAALOX
	magnesium hydroxide/aluminum hydroxide/ simethicone susp	OTC	MYLANTA
	sodium bicarbonate/magnesium trisilicate/ aluminum hydroxide	OTC	GAVISCON
	sodium phosphate enema, solution	OTC	FLEET
	neomycin sulfate tab	\$	NEOMYCIN
†	peg 3350/electrolytes	\$ \$ \$	GOLYTELY
	peg 3350/sod bicarbonate/sod chloride/pot chloride	\$ \$ \$	NULYTELY

† Cost index reflects the brand name product; generic is available.

INFECTIOUS DISEASES

ANTIMICROBIALS

AMINOGLYCOSIDES

tobramycin injection	NEBCIN
tobramycin inhalation	\$\$\$\$\$ \$\$\$\$\$\$ TOBI

BETA-LACTAM ANTIBIOTICS

PENICILLINS

ampicillin, inj only	PRINCIPEN
ampicillin/sulbactam inj	UNASYN
nafticillin inj	UNIPEN
penicillin VK	\$ VEETIDS
* amoxicillin	\$ AMOXIL
dicloxacillin	\$ DICLOXACILLIN
amoxicillin/clavulanate	\$\$\$\$\$ AUGMENTIN

*Except 200mg/5 mL and 400mg/5mL oral susp; 200mg and 400mg chew tabs.

CEPHALOSPORINS

FIRST GENERATION CEPHALOSPORINS

cefazolin inj	ANCEF
cephalexin	\$ KEFLEX

SECOND GENERATION CEPHALOSPORINS

cefoxitin inj	MEFOXIN
cefaclor	\$ CECLOR
cefuroxime axetil	\$\$\$\$\$ CEFTIN
loracarbef capsules	\$ \$\$\$\$\$\$ LORABID

THIRD GENERATION CEPHALOSPORINS

ceftizoxime inj	CEFIZOX
cefixime	\$ \$\$\$\$\$\$ SUPRAX
cefepime inj	\$\$\$\$\$ \$\$\$\$\$\$ MAXIPIME

FLUOROQUINOLONES

levofloxacin	\$ \$\$\$\$\$\$ LEVAQUIN
gatifloxacin	\$ \$\$\$\$\$\$ TEQUIN

MACROLIDES

erythromycin lactobionate inj	ERYTHROMYCIN LACTOBIONATE
erythromycin stearate	\$ ERYTHROCIN
erythromycin delayed-rel pellets	\$ ERYC
erythromycin ethylsuccinate	\$ E.E.S.
erythromycin/sulfisoxazole	\$ PEDIAZOLE
erythromycin delayed-rel	\$ E-MYCIN
azithromycin	\$\$\$ ZITHROMAX

SULFONAMIDES

sulfamethoxazole/trimethoprim	\$ BACTRIM
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TETRACYCLINES

tetracycline	\$ SUMYCIN
doxycycline hyclate	\$ VIBRAMYCIN
R minocycline, except 75 mg	\$ MINOCIN

R: Restricted to Health Select patients \leq 21 years old.

ANTIFUNGALS

	nystatin	\$\$	MYCOSTATIN
	griseofulvin microsize	\$\$\$\$	GRIFULVIN V
	ketoconazole	\$\$\$\$\$	NIZORAL
	clotrimazole troches	\$ \$\$\$\$\$	MYCELEX
MDL	fluconazole 150mg tab & susp	\$ \$ \$\$\$\$\$	DIFLUCAN

MDL: Limited to one tablet per 30 days; may be prescribed for females only.

ANTIMALARIALS

	pyrimethamine	\$	DARAPRIM
	hydroxychloroquine	\$	PLAQUENIL

ANTITUBERCULOSIS AGENTS

	isoniazid	\$	ISONIAZID
	pyrazinamide	\$ \$\$\$\$\$	PYRAZINAMIDE
R	rifampin	\$ \$ \$\$\$\$\$	RIFAMPIN
	ethambutol	\$ \$ \$\$\$\$\$	MYAMBUTOL
	rifabutin	\$ \$ \$ \$ \$ \$ \$	MYCOBUTIN

R: Restricted to use by HIV, infectious disease and pulmonary specialists.

ANTIVIRALS

HERPES

	acyclovir	\$	ZOVIRAX
	valacyclovir	\$ \$ \$	VALTREX

HIV/AIDS

All anti-HIV agents (PIs, NRTIs and NNRTIs) are non-formulary for MIHS-HP and are restricted to use by HIV attending physicians.

INFLUENZA

	amantadine, except tabs	\$	AMANTADINE
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MISCELLANEOUS

	metronidazole tabs	\$	FLAGYL
	trimethoprim tabs	\$	TRIMPEX
	methenamine/phenyl salicylate/atropine/hyoscyamine/benzoic acid/methylene blue	\$	URISED
	dapsone	\$	DAPSONE
	mebendazole	\$ \$	VERMOX
	nitrofurantoin macrocrystals	\$ \$ \$	MACRODANTIN
	clindamycin	\$ \$ \$	CLEOCIN
	vancomycin	\$ \$ \$ \$ \$ \$ \$	VANCOCIN

MUSCULOSKELETAL

GOUT

allopurinol	\$	ZYLOPRIM
colchicine	\$\$\$	COLCHICINE
probenecid	\$ \$\$\$\$	PROBENECID

RHEUMATOID AND OSTEOARTHRITIS

NSAIDS AND OTHER ANALGESICS

indomethacin	\$	INDOCIN
ibuprofen	\$\$	MOTRIN
salsalate	\$\$\$	DISALCID
naproxen	\$\$\$	NAPROSYN
sulindac	\$\$\$\$	CLINORIL
diclofenac sodium	\$\$\$\$\$	VOLTAREN
naproxen sodium	\$\$\$\$\$	ANAPROX
R rofecoxib	\$\$\$ \$\$\$\$	VIOXX
R misoprostol (adjunctive)	\$\$\$ \$\$\$\$	CYTOTEC

R: Vioxx is restricted to age ≥ 60 or concurrent use of PPI, H2 antagonist, or Coumadin; Cytotec is restricted to age > 65 years old.

DMARDS

sulfasalazine	\$\$\$\$\$	AZULFIDINE
hydroxychloroquine	\$\$\$\$\$	PLAQUENIL
methotrexate, 2.5 mg only	\$ \$\$\$\$	RHEUMATREX
azathioprine	\$ \$\$\$\$	IMURAN
cyclosporine	\$\$\$ \$\$\$\$	NEORAL

SKELETAL MUSCLE RELAXANTS

SPASM

cyclobenzaprine	\$	FLEXERIL
methocarbamol	\$\$\$	ROBAXIN

SPASTICITY

diazepam	\$	VALIUM
baclofen	\$\$	BACLOFEN
dantrolene	\$\$\$\$	DANTRium

OB-GYN

All contraceptives and perimenopause medications are restricted to female use only.

CONTRACEPTIVES

MONOPHASIC

20 mcg estrogen

20/1 EE/levonorgestrel	\$\$\$\$	ALESSE
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30 mcg estrogen

30/0.15EE/levonorgestrel	\$\$\$\$	LEVLEN
30/0.3EE/norgestrel	\$\$\$\$	LO/OVRAL

35 mcg estrogen

35/0.5 EE/norethindrone	\$\$\$	NECON
+ 35/1 EE/norethindrone	\$\$\$\$	ORTHO-NOVUM 1/35
35/1EE/ethynodiol diacetate	\$\$\$\$	DEMULEN 1/35

† Cost index reflects the brand name product; generic is available.

50 mcg estrogen

†	50/1 ME/norethindrone	\$\$\$\$\$	ORTHO-NOVUM 1/50
	50/1EE/ethynodiol diacetate	\$\$\$\$\$	DEMULEN 1/50
	50/0.5 EE/norgestrel	\$ \$\$\$\$\$	OVRAL

† Cost index reflects the brand name product; generic is available.

TRIPHASIC

	norethindrone/ethinyl estradiol	\$\$\$	TRI-NORINYL
	levonorgestrel/ethinyl estradiol	\$\$\$\$	TRIPHASIL
	norgestimate/ethinyl estradiol	\$\$\$\$\$	ORTHO TRI-CYCLEN

PROGESTIN

	norethindrone	\$\$\$\$\$	NOR-QD
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INJECTABLE

	medroxyprogesterone acetate 150 mg/mL	\$	DEPO-PROVERA
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EMERGENCY CONTRACEPTION

	levonorgestrel/ethinyl estradiol + pregnancy test	\$\$	PREVEN
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PERIMENOPAUSE

ESTROGENS

Systemic

	estradiol	\$	ESTRACE
	estropipate	\$	OGEN
	estrogens, conjugated	\$\$	PREMARIN
	estradiol transdermal	\$\$\$\$	VIVELLE
	estrogens, conjugated/medroxyprogesterone	\$\$\$\$\$	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	\$ \$\$\$\$\$	PREMPRO

Vaginal

	estrogens, conjugated cream	\$\$\$\$	PREMARIN
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PROGESTINS

Systemic

	medroxyprogesterone acetate	\$	PROVERA
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VAGINAL INFECTIONS

	clotrimazole vag cream, tabs	OTC	MYCELEX
	miconazole vag cream	OTC	MONISTAT
	tioconazole vag ointment	OTC	VAGISTAT-1
	metronidazole tabs	\$	FLAGYL ORAL
	triple sulfa vag cream	\$	TRIPLE SULFA
MDL	fluconazole	\$	DIFLUCAN 150 ORAL
	terconazole vag cream & supp	\$\$\$\$\$	TERAZOL
	sulfanilamide vag cream	\$ \$\$\$\$\$	AVC
	metronidazole	\$ \$\$\$\$\$	METROGEL-VAGINAL
	clindamycin vag cream	\$ \$\$\$\$\$	CLEOCIN

MDL: Limited to one tablet per 30 days; may be prescribed for females only.

OPHTHALMIC

ALLERGY

naphazoline/antazoline	\$\$ VASOCON-A
cromolyn sodium	\$\$\$\$ CROLOM

ANTI-INFLAMMATORIES

neomycin/polymyxin B/dexamethasone	\$ MAXITROL
prednisolone acetate 1%	\$\$ PRED FORTE
prednisolone phosphate 1%	\$\$ INFLAMASE FORTE
dexamethasone sodium phosphate	\$\$\$ DECADRON
sulfacetamide 10%/prednisolone phosphate 0.25%	\$\$\$ VASOCIDIN
neomycin/dexamethasone soln	\$\$\$ NEODECADRON
fluorometholone	\$\$\$ FML
prednisolone phosphate 0.125%	\$\$\$ INFLAMASE MILD
prednisolone acetate 0.12%	\$\$\$\$ PRED MILD
sulfacetamide/fluorometholone	\$\$\$\$ FML-S
prednisolone acetate 0.125%	\$\$\$\$ ECONOPRED
gentamicin/prednisolone acetate	\$\$\$\$ PRED-G
sulfacetamide 10%/prednisolone acetate 0.2% oint	\$ \$\$\$\$ BLEPHAMIDE
tobramycin/dexamethasone	\$\$ \$\$\$\$ TOBRADEX
ketorolac	\$\$ \$\$\$\$ ACULAR
neomycin/polymyxin B/hydrocortisone	\$\$ \$\$\$\$ CORTISPORIN

INFECTIONS

BACTERIAL

bacitracin	\$ AK-TRACIN
erythromycin	\$ ILOTYCIN
gentamicin	\$ GARAMYCIN
sulfacetamide 10%	\$ BLEPH-10
polymyxin B/trimethoprim	\$\$ POLYTRIM
bacitracin/polymyxin B oint	\$\$\$ POLYSPORIN
neomycin/polymyxin B/gramicidin	\$\$\$\$ NEOSPORIN
ciprofloxacin	\$ \$\$\$\$ CILOXAN

VIRAL

trifluridine	\$\$\$\$\$ VIROPTIC
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GLAUCOMA

ORAL

acetazolamide	\$\$\$ DIAMOX
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TOPICAL

pilocarpine	\$ ISOPTO CARPINE
timolol maleate	\$ TIMOPTIC
timolol hemihydrate	\$ \$ BETIMOL
metipranolol	\$ \$ OPTIPRANOLOL
latanoprost	\$ \$ \$ \$ \$ XALATAN
brinzolamide	\$ \$ \$ \$ \$ AZOPT
brimonidine	\$ \$ \$ \$ \$ ALPHAGAN
brimonidine	\$ \$ \$ \$ \$ ALPHAGAN P

MISCELLANEOUS

artificial tears	OTC HYPOTEARs
ocular lubricant oint	OTC LACRI-LUBE
phenylephrine	OTC NEO-SYNEPHRINE
atropine	\$ ISOPTO ATROPINE
tropicamide	\$ \$ \$ MYDRIACYL
scopolamine	\$ \$ \$ ISOPTO HYOSCINE

PSYCHIATRIC

Coverage for psychotropic medications varies by health plan. Health Select and Maricopa Health Plan (MHP) members may be treated by their PCP for mild to moderate depression, anxiety, or attention deficit disorder. All MHP members requiring treatment for other psychiatric disorders should be referred to the Regional Behavioral Health (RBH) for evaluation and psychiatric medications. Health Select members requiring other psychiatric treatment should be referred to the county behavioral health agency.

ANXIETY

diazepam	\$ VALIUM
alprazolam	\$ XANAX
chlordiazepoxide hcl	\$ LIBRIUM
hydroxyzine pamoate	\$ VISTARIL
R lorazepam	\$ \$ \$ \$ ATIVAN
hydroxyzine hcl	\$ \$ \$ \$ \$ ATARAX
sertraline	\$ \$ \$ \$ \$ ZOLOFT
clorazepate	\$ \$ \$ \$ \$ TRANXENE
paroxetine	\$ \$ \$ \$ \$ PAXIL

R: Injectable form restricted to MLTC, MSSP.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

R dextroamphetamine	\$ \$ DEXEDRINE
R methylphenidate	\$ \$ \$ RITALIN
R methylphenidate ext-rel, 20mg	\$ \$ \$ \$ RITALIN SR
R dextroamphetamine ext-rel	\$ \$ \$ \$ DEXEDRINE SPANSULE

R: Approval required for patients > 20 years old.

BIPOLAR DISORDER

lithiumcarbonate	\$ LITHIUM CARBONATE
lithium citrate soln	\$ \$ LITHIUM CITRATE
lithium carbonate ext-rel caps	\$ \$ \$ ESKALITH CR
lithium carbonate ext-rel tabs	\$ \$ \$ \$ LITHOBID
divalproex sodium delayed-rel	\$ \$ \$ \$ \$ DEPAKOTE

DEPRESSION

	doxepin	\$	SINEQUAN
	amitriptyline	\$	ELAVIL
	fluoxetine	\$	PROZAC
	desipramine	\$	NORPRAMIN
	trazodone	\$	DESYREL
	imipramine hcl	\$	TOFRANIL
	nortriptyline	\$	PAMELOR
	clomipramine	\$\$\$\$	ANAFRANIL
	citalopram	\$\$\$\$\$	CELEXA
	escitalopram	\$ \$\$\$\$\$	LEXAPRO
	sertraline	\$ \$\$\$\$\$	ZOLOFT
	paroxetine	\$ \$\$\$\$\$	PAXIL
	bupropion	\$ \$\$\$\$\$	WELLBUTRIN
	paroxetine controlled-rel	\$ \$ \$\$\$\$\$	PAXIL CR
	venlafaxine ext-rel	\$ \$ \$\$\$\$\$	EFFEXOR XR
MDL R	bupropion ext-rel	\$ \$ \$\$\$\$\$	WELLBUTRIN SR
	venlafaxine	\$ \$ \$\$\$\$\$	EFFEXOR

R: For supply > 90 days, restricted to use by Psychiatrists.

MDL: Limit of 90 day supply per year if not prescribed by a Psychiatrist.

INSOMNIA

	temazepam	\$	RESTORIL
	chloral hydrate	\$\$\$\$	CHLORAL HYDRATE

PSYCHOSES

R	haloperidol	\$	HALOPERIDOL
R	fluphenazine	\$	PROLIXIN
	thiothixene	\$	NAVANE
	perphenazine	\$	TRILAFON
	trifluoperazine	\$	STELAZINE
	chlorpromazine	\$\$\$\$	THORAZINE
	loxapine	\$ \$ \$\$\$\$\$	LOXITANE
	mesoridazine	\$ \$ \$\$\$\$\$	SERENTIL
R	risperidone	\$ \$ \$\$\$\$\$	RISPERDAL

R: Injectables are restricted to MLTC, MSSP and patients > 64 years old; Risperdal is limited to MLTC.

RESPIRATORY DRUGS

ASTHMA/COPD

INHALERS

Beta Agonists

	albuterol	\$	PROVENTIL
	albuterol	\$	VENTOLIN
MDL	salmeterol	\$ \$ \$\$\$\$\$	SEREVENT
MDL R	salmeterol xinafoate	\$ \$ \$\$\$\$\$	SEREVENT DISKUS

R: Restricted to use by pulmonologists.

MDL: Limited to one container per 30 days; Health Select limited to three containers per 90 days.

Corticosteroids

MDL	budesonide powder	\$\$\$\$	PULMICORT TURBUHALER
	triamcinolone acetonide	\$\$\$\$	AZMACORT
	fluticasone powder (based on 100 mcg)	\$ \$\$\$\$\$	FLOVENT ROTADISK
	fluticasone (based on 110 mcg)	\$ \$ \$\$\$\$\$	FLOVENT

MDL: Limited to one Turbuhaler per 60 days.

Others

ipratropium bromide	\$\$\$ \$\$\$\$\$	ATROVENT
cromolyn sodium	\$\$\$\$ \$\$\$\$\$	INTAL
salmeterol/fluticasone powder (based on 250 mcg)	\$\$\$\$ \$\$\$\$\$	ADVAIR DISKUS

ORAL AGENTS

Beta Agonists

albuterol sulfate	\$\$\$	PROVENTIL
terbutaline	\$ \$\$\$\$\$	BRETHINE
albuterol sulfate ext-rel	\$ \$\$\$\$\$	VOLMAX

Leukotriene Modifiers

MDL ST R	montelukast	\$\$\$ \$\$\$\$\$	SINGULAIR
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MDL: Limited to 30 tablets per 30 days.

R: Restricted to use by Pulmonologists

ST: Trial of inhaled beta-agonist and corticosteroid required for 30 days.

Theophylline

theophylline ext-rel tabs	\$\$\$\$	THEOCHRON
theophylline (liquid)	\$\$\$\$\$	THEOPHYLLINE
theophylline ext-rel caps (12 hr)	\$ \$\$\$\$\$	THEOPHYLLINE EXT-REL

INHALATIONS FOR NEBULIZATION

albuterol sulfate soln	\$\$\$\$	PROVENTIL
cromolyn sodium soln	\$ \$\$\$\$\$	INTAL
ipratropium bromide soln	\$\$\$ \$\$\$\$\$	ATROVENT

SUPPLIES

MDL	spacer device	\$\$	AEROCHAMBER
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MDL: Limited to one unit per 90 days.

ANTI-HISTAMINES AND DECONGESTANTS

FIRST GENERATION

Antihistamines

brompheniramine elixir	OTC	DIMETAPP ALLERGY
chlorpheniramine tabs 4 mg	OTC	CHLOR-TRIMETON
clemastine 1.34 mg	OTC	TAVIST ALLERGY
diphenhydramine	\$	DIPHENHYDRAMINE
promethazine	\$	PHENERGAN
hydroxyzine hcl	\$\$\$	ATARAX
cycloheptadine	\$\$\$\$\$	PERIACTIN

Antihistamine/Decongestant Combinations

triprolidine hcl 2.5 mg/pseudoephedrine 60 mg	OTC	ACTIFED
chlorpheniramine 8 mg/pseudoephedrine 120 mg ext-rel	\$\$\$	DECONAMINE SR

Decongestants

pseudoephedrine	OTC	SUDAFED
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SECOND GENERATION

Antihistamines

MDL R	cetirizine syrup	\$\$ \$\$\$\$\$\$	ZYRTEC SYRUP
MDL	fexofenadine	\$\$ \$\$\$\$\$\$	ALLEGRA

R: Restricted to age <12.

MDL: Limited to 90 day supply per year.

ANTIHIISTAMINE/DECONGESTANT COMBINATIONS

MDL	fexofenadine/pseudoephedrine ext-rel	\$\$\$ \$\$\$\$\$\$	ALLEGRA-D
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ANTITUSSIVES AND EXPECTORANTS

	guaifenesin syrup	OTC	ROBITUSSIN
	guaifenesin/dextromethorphan	OTC	ROBITUSSIN-DM
	guaifenesin ext-rel	\$	HUMIBID L.A.
	guaifenesin/pseudoephedrine ext-rel	\$	ZEPHREX LA
	dextromethorphan/carbinoxamine/pseudoephedrine drops & syrup	\$	CARDEC-DM
	dextromethorphan/promethazine	\$	PHENERGAN DM
	hydrocodone/homatropine	\$	HYCODAN
	codeine/guaifenesin	\$	ROBITUSSIN A-C
	codeine/promethazine	\$	PHENERGAN W/CODEINE
	codeine/pseudoephedrine/guaifenesin	\$	GUIATUSS DAC
	dextromethorphan/pseudoephedrine/brompheniramine syrup	\$\$\$\$	ANDEHIST-DM

SUPPLEMENTS

POTASSIUM

	potassium chloride liq	\$	KAOCHLOR S-F
	potassium chloride ext-rel caps 10 mEq	\$\$	MICRO-K
	potassium chloride ext-rel tabs 10 mEq	\$\$	KLOR-CON
	potassium chloride ext-rel tabs 10 mEq	\$\$	K-DUR
	potassium chloride ext-rel tabs 20 mEq	\$\$\$	K-DUR

VITAMINS AND MINERALS

	ascorbic acid	OTC	VITAMIN C
	calcium carbonate	OTC	TUMS
	cyanocobalamin tab	OTC	VITAMIN B-12
	ergocalciferol	OTC	VITAMIN D
	ferrous gluconate	OTC	FERGON
	ferrous sulfate	OTC	FEOSOL
	magnesium oxide	OTC	MAG-OX
	multivitamin with minerals	OTC	CENTRUM SILVER
	multivitamin, adult	OTC	ONE DAILY
	multivitamin, pediatric	OTC	POLY-VI-SOL
	multivitamin, renal	OTC	NEPHROCAPS
	pyridoxine	OTC	VITAMIN B-6
	thiamine	OTC	VITAMIN B-1
	vitamin B complex	OTC	VITAMIN B COMPLEX
	cyanocobalamin injection	\$	VITAMIN B-12
	folic acid	\$	FOLIC ACID
	multivitamins/fluoride/±iron	\$	POLY-VI-FLOR

	drops/tabs		
R	prenatal vitamins w/folic acid	\$	PRENATAL VITAMINS W/FOLIC ACID
	phytonadione	\$\$	MEPHYTON
	calcitriol (1,25-D3)	\$ \$\$\$\$	ROCALTROL

R: Restricted to use for females only < 45 years old.

UROLOGICAL

SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA

	doxazosin	\$	CARDURA
	prazosin	\$	MINIPRESS
	terazosin	\$ \$\$\$\$	HYTRIN
ST	finasteride	\$\$\$ \$\$\$\$	PROSCAR

ST: Trial of an alpha-blocker required for 30 days.

MISCELLANEOUS

	phenazopyridine	\$	PYRIDIUM
	oxybutynin	\$	DITROPAN
	potassium/sodium citrate packet	\$\$\$\$	POLYCITRA
	methenamine mandelate	\$\$\$\$	MANDELAMINE
	citric acid/sodium citrate soln	\$ \$\$\$\$	SHOHL'S MODIFIED
	bethanechol	\$\$\$ \$\$\$\$	URECHOLINE

MISCELLANEOUS

HYPERPHOSPHATEMIA

	calcium acetate	\$\$\$	PHOSLO
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